

**MSA Family  
Membership**

please print clearly

**DATE:**.....

**Name:**.....

**Mailing Address:**.....

**City/Town:**.....**State:**.....

**Zip:**.....**Tel:**.....**Date of Birth:**.....

**E-mail address:** .....  
*Optional*

**Beneficiary for MSA Insurance:**.....  
*Required for insurance coverage*

**Local Club Name:**.....**Total # of  
People in Family:**.....  
*Count spouse & children*

If applicant is already an MSA member for this season through another club, this card need not be sent to the MSA office

Additional Accidental Death and Dismemberment Coverage of  
Eligible Dependents is available for \$2 per dependent.

Dependent's Name.....  
Date of Birth.....Relationship to Member (circle one): Spouse Child  
Beneficiary.....

Dependent's Name.....  
Date of Birth.....Relationship to Member (circle one): Spouse Child  
Beneficiary.....

Dependent's Name.....  
Date of Birth.....Relationship to Member (circle one): Spouse Child  
Beneficiary.....

Eligible Dependents are the named member's spouse and any  
unmarried dependent child who is at least 14 days but less than  
19 years of age and not in active military service.  
Children include natural, step, foster or adopted children.

Return card to your local club: